

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

CH

PLAINTIFF

Paul Smith

COURT CASE NUMBER

08C1557

08c 1557

DEFENDANT

J.H. Stroger, et al.

TYPE OF PROCESS

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Counselor Puckett, Cook County Department of Corrections

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

CCJ, C/O Legal Dept. 2700 S. California Ave., 2nd. Flr. Div.5, Chicago, IL 60608

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Paul Smith, B-52357
Menard Correctional Center
P.O. Box 711
Menard, IL 62259Number of process to be
served with this Form - 285

1

Number of parties to be
served in this case

2

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

FILED

May 13 2008

MAY 13 2008 PH

Fold

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

05-02-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1 of 2

District
of Origin

No. 24

District
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

Td

Date

05-02-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Officer Ronna Farnandis

Address (complete only if different than shown above)

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

5/08/08

11:00

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

96.00

7.76

—

103.76

—

103.76

—

REMARKS:

1-DUSM

16-miles

2-Hours